

PTO/SB/31 (04-06)

**NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)

022176-000300US

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a))  
on October 26, 2005

Signature \_\_\_\_\_

Typed or printed  
name Shemekia N. BrownIn re Application of ADNAN SHENNIBApplication Number 09/181,533Filed October 28,  
1998For REMOTE MAGNETIC ACTIVATION OF  
HEARING DEVICESArt Unit 2843Examiner BRIAN ENSEY

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:\$ 250☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-1430. I have enclosed a duplicate copy of this sheet.☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.☐ assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)☒ attorney or agent of record.Registration number 44,743☐ attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

Signature

Joel M. Harris

Typed or printed name

(650) 462-5329

Telephone number

10/26/05

Date

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☐ \*Total of \_\_\_\_\_ forms are submitted.

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